

APPLICATION FOR THE PAYMENT OF PENSION & OTHER RETIREMENT BENEFITS TO THE
RAILWAY EMPLOYEES

(TO BE FILLED IN CAPITAL LETTER ONLY)

I.....furnish below my relevant particulars and request to
arrange to pay me DCRG/Gratuity, CELS, CGEGIS & Pension and may be permitted to
commute.....% (.....percentage) of my pension.

1. EMPLOYEE NAME :..... 2. DESIGNATION:.....

3. AADHAAR NUMBER:..... 4. NATIONALITY.....

5. DATE OF BIRTH..... 6. RELIGION

HINDU	CHRITIAN	MUSLIM	OTHER
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7. GENDER (✓)

MALE	FEMALE
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 8. COMMUNITY (✓)

SC	ST	OBC	GEN
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9. FATHER'S NAME..... 10. PAN NUMBER.....

11. HEIGHT in Cms..... 12. CURRENT MOBILE NUMBER.....

13. BLOOD GROUP

14. DATE OF RETIREMENT.....

15. PERMANENT ADDRESS.....

.....PINCODE.....

16. PRESENT ADDRESS.....

.....PIN CODE.....

17. PHONE NUMBER AFTER RETIREMENT.....

18. Email ID.....

19. MEDICAL CARD No.
(UMID)

20. MEDICAL FACILITY BEING AVAILED AT PRESENT.

21. OFFICIAL INFORMATION

HRMS ID	
PF NO	
DEPARTMENT	
WORKING OFFICE/STN	
LAST PAY & LEVEL	

22. BANK DETAILS:

NAME OF THE BANK.....BRANCH.....

A/C NO.....IFSC.....

23. MILITARY SERVICE DETAILS (IF ANY):

(i) SERVICE FROMTO..... (ii) PPO No.....

(iii) LENGTH OF SERVICEYEARSMONTHS.....DAYS

Employee's signature

DETAILS OF FAMILY MEMBER

1.NAME OF THE EMPLOYEE:

2. FATHER's NAME:

Affix joint photo (To be duly signed across by self and spouse)	Affix Employee's Photo
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3. Details of the family members:

SL No	NAME (IN CAPITAL LETTERS)	RELATIONSHIP	DATE OF BIRTH	MARITAL STATUS	AADHAAR No.

Employee's signature

Note:

- * Copy of Aadhaar card and date of birth proof of all family members should be attached.

4. For taking option under CTSE :-

REHLS	CTSE (Only if option for REHLS is given)	Amount to be deducted from pay
Yes / NO	Yes / NO	Rs (as per grade pay and entitlement for REHLS including cost of cards)

* In case option for CTSE is "Yes" , Annexure - IV (page 5 of 8) should also be filled.

5. Three Specimen signature, Identification Mark(s) and Fingers Impression of left hand of the Railway Employee :**(a) Specimen Signature**

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(b) Identification Mark

(I).....

(II).....

(c) Finger's Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

6. Three specimen signature, Identification Mark(s) and Fingers Impression of Left hand of spouse:**(a) Specimen Signature**

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(b) Identification Mark

(I).....

(II).....

(c) Finger's Impression of Left Hand :-

Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger

Place :Date.....

Employee's Signature

Certified that the joint photograph pasted at pre-page (Column 2 is of
Smt.&Shri.....

.....and the information
declared from Column No. 1 to 5 by the Railway employee are believed to be true
and signed and put finger's impressions before me.

Rubber stamp with name of certifying authority

Name :
Designation:.....

[नियम 74 (i) देखिए/See rule 74 (i)]

(मृत्यु तथा निवृत्ति उपदान के लिए नाम निर्देशन)

NOMINATION FOR DEATH-CUM-RETIREMENT GRATUITY

जबकि रेल सेवक का कोई कुटुम्ब हो और वह उसके एक सदस्य या एक सदस्य से अधिक सदस्यों को नामनिर्देशित करना चाहता हो।
(When the Railway servant has a family and wishes to nominate one member or more than one member thereof)

मैं.....नीचे वर्णित व्यक्ति/व्यक्तियों को जो मेरे कुटुम्ब का/के सदस्य है/हैं, नाम निर्देशित करता हूँ और उसे/उन्हें नीचे विनिर्दिष्ट सीमा तक, ऐसा कोई उपदान, जो मेरी सेवा में रहते हुए मृत्यु हो जाने की दशा में केन्द्रीय सरकार द्वारा मंजूर किया जाए, प्राप्त करने का अधिकार और नीचे विनिर्दिष्ट सीमा तक ऐसा कोई उपदान मेरी मृत्यु पर प्राप्त करने का अधिकारी प्रदत्त करता हूँ। जो सेवा निवृत्त होनेपर मुझे अनुज्ञोय हो जाए किन्तु मेरी मृत्यु पर असंश्लेष रह जाए।
I.....hereby nominate the person/persons mentioned below, who is/are member(s) of my family, and confer on them the right to receive, to the extent specified below, any gratuity that may be sanctioned by Government in the event of my death while in service and the right to receive on my death to the extent specified below any gratuity, which having become admissible to me on retirement, may remain unpaid at my death :-

मूल नाम निर्देशित/Original nominee(s)			अनुकल्पी नाम निर्देशित/Alternate nominee(s)		
नाम निर्देशित/ नामनिर्देशितियों का/ के नाम और पता/पत Name and address of nominee/ nominee(s)	रेल सेवक के साथ नातेदारी Relationship with the Railway servant	उम्र Age	प्रत्येक को संदेय उपदान की रकम या अंश Amount or share of gratuity payable to each *	ऐसे व्यक्ति या व्यक्तियों का/के, यदि कोई हो/हों, जिसे/ जिन्हें नाम-निर्देशित को प्रदत्त अधिकार रेल सेवक की मृत्यु से पूर्व नाम निर्देशित की मृत्यु हो जाने की दशा में अथवा रेल सेवक की मृत्यु के पश्चात् किन्तु उपदान का संदाय प्राप्त करने से पूर्व नाम निर्देशित की मृत्यु हो जाने पर संक्रांत हो जाएगा, नाम, पता/पते और नातेदारी/।/Name, address and relationship of the person or persons if any, to whom the right conferred on the nominee shall pass in the event of the nominee predeceasing the Railway servant or the nominee dying after the death of the Railway servant but before receiving payment of the gratuity	** प्रत्येक को संदेय उपदान की रकम या अंश/ Amount or share of gratuity payable to each @
(1)	(2)	(3)	(4)	(5)	(6)

1.
2.
3.
4.
5.

और इसी प्रकार आगे/and so on

नाम नामनिर्देशन मेरे द्वारा इससे पूर्व (तारीख).....को किए गये नाम निर्देशन को, जो अब रद्द गया है, अधिक्रान्त करता है/This nomination supersedes the nomination made by me earlier, on.....(date) which stands cancelled.

टिप्पणी.— (i) रेल सेवक, अपने द्वारा हस्ताक्षर कर दिए जाने के पश्चात् किसी नाम को सम्मिलित करने से रोकने के लिए अन्तिम प्रविष्ट के नीचे उस खाली स्थान को आर पार लाइनें खींच देगा।

Note.— (i) The Railway servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.

(ii) जो लागू न हो उसे काट दीजिए।

(ii) Strike out which is not applicable.

तारीख : Date this.....day of.....20 .

हस्ताक्षर : Witnesses to Signature :

1.

2.

रेल सेवक का हस्ताक्षर/Signature of Railway Servant.

* यह स्तम्भ इस प्रकार भरा जाना चाहिए जिससे कि उसके अंतर्गत उपदान की संपूर्ण रकम आ जाए।/This column should be filled in so as to cover the whole amount of gratuity.

* * इस स्तम्भ में दर्शित उपदान की रकम/के अंश के अंतर्गत मूल नाम निर्देशित/नाम निर्देशितियों को संदेय संपूर्ण रकम/अंश आ जानी/जाना चाहिए।।/@ The amount/share of gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

V/167/S. No. PC-V/167

RBE No. 65/99

V/98/1/7/1/1/PC-V/98/1/7/1/1

V/98/1/7/1/1/PC-V/396 PC V/98/1/7/1/1 Dated 01-03-2004

2003/H/28/1/RELHS Dated 08-07-2009 (P. B. C. No. 153/2009)

UNDERTAKING & OPTION FOR RELHS AND FIXED MEDICAL ALLOWANCE

I,wife/husband/son/daughter
 of (late).....Designation.....Station.....
 Date of death/Date of retirement.....resident of (address).....
hereby.

(a) Declare that my place of residence lies within 2.5 kms., from the nearest Railway Hospital/Health Unit. Hence, I am not entitled for grant of fixed Medical Allowance and I will be availing the existing OPD Medical facilities under RELHS for specified diseases. Necessary endorsement may please be made in the PPO in this regard

(or)

(b) Declare that my place of residence is beyond 2.5 kms., from the nearest Railway Hospital/Health Unit hence I hereby Opt :-

(i) for OPD Medical facility from Railway Hospital/Health Units under RELHS-1997

(or)

(ii) to claim fixed Medical Allowance of Rs.1000/- per month.

(To specify in writing whether opting for OPD facility or FMA.)

ATTESTED

Signature :

Name of the Applicant :

Signature of Gazetted Officer.....

Name & Designation.....

फार्म सं. पास/Form No. Comp. Pass

सेवा निवृत्ति उपरान्त मिलने वाले पास के लिए प्रार्थना-पत्र/APPLICATION FOR POST RETIREMENT PASSES
 मैं सेवा निवृत्ति पश्चात मिलने वाले उपहार प्रति पास.....के कार्यालय से लेना चाहते हूँ।

I desire to obtain my post-retirement complimentary passes from the office of.....

1. नाम/Name (in Block-letters)
2. पिता का नाम/Father's Name
3. पदनाम/Designation on retirement (both offg. & sub-stantive). .. 1. (Substantive).....
 .. 2. (Officiating).....
4. स्टेशन/कार्यालय जहाँ से सेवा निवृत्ति हुए/Office/Station from where retired.
5. सेवा निवृत्ति पर वेतनमान/Scale of pay on retirement
6. मासिक वेतन/Rate of pay on retirement (both offg. & subs)
7. नियुक्ति की तारीख/Date of Appointment.. .. .
8. सेवा निवृत्ति की तारीख/Date of Retirement वर्ष/Year.....महीने/Months.....दिनें/Days.....
9. नोकरी की अवधि/Total length of Service.. .. .
10. राजपत्रित सेवा में आने की तिथि/Date of entry into Gaz. Cadre
11. राजपत्रित सेवा की अवधि/Total service in Gaz. Cadre
12. किस दर्ज के पास के अधिकारी है/Class of pass entitled to
13. अगर विधवा पास योजना का विकल्प अस्वीकार किया है या नहीं/Whether opted out of widow Pass Scheme or not.
14. प्रतिवर्ष कितने सेवा निवृत्ति पास मिलेंगे/No. of Sets of post retirement complimentary passes entitled to in a calendar year.
15. रिटायर होने वाले वर्ष में कितने सुविधा पास प्राप्त किए/No. of Privilege Passes availed during the year of retirement.
16. यदि रेलवे क्वार्टर है तो उस का नम्बर व स्थान/No. & locality of Rly. Quarter.
17. क्वार्टर रोकने के लिए कितने माह की अनुमति दी गई है।/Duration of permission granted for retention Quarter.
18. क्वार्टर छोड़ने की तिथि/Date of vacation of Quarter
19. पत्र व्यवहार का पता/Address for Correspondence
20. सेवा निवृत्ति कर्मचारी के नमूना हस्ताक्षर/Specimen Signature .. 1.
 of the retired employee. 2.

हस्ताक्षर/Signature of the Employee

स्थान/Place.....

दिनांक/Date.....

सत्यापन करने वाले अधिकारी का नाम, पदनाम एवं हस्ताक्षर
 Name, Designation & Signature of Attesting Gaz. Officer

नोट.—सेवा निवृत्ति होनेवाले कर्मचारी इस फार्म की परिवार संबंधी ब्यौरे सहित अलग करके सम्बन्धित पास, कार्यालय की पास जारी करने हेतु दें।

Note.—This form alongwith family particulars should be detached by the retiring employee and delivered it to the concerned Pass Office for issue of Pass.

[फ़. उ. दे./P. T. O.]

सेवा निवृत्ति उपरान्त मिलने वाले उपहार प्रति पासों के लिए परिवार के ब्योरा
**PARTICULARS OF FAMILY MEMBERS FOR ISSUING POST-RETIREMENT
COMPLEMENTARY PASSES**

क्रम सं. Sl. No.	नाम Name	रेल कर्मचारी Relationship	जन्म तिथि Date of birth

.....
अनुप्रमाणित
ATTESTED

.....
हस्ताक्षर
Signature

PROFORMA FOR RETIRED OFFICIAL/FAMILY IDENTITY CARD (PASS CARD)
(TO BE FILLED IN CAPITAL LETTERS ONLY)

NAME			
DESIGNATION & OFFICE			
DATE OF BIRTH		DOR	
PERMANENT ADDRESS WITH PINCODE			
PF No.		HRMS ID	
MOBILE NO		BLOOD GROUP	
AADHAAR NO			

FAMILY MEMBERS DETAILS					
NAME	DOB	AADHAAR No.	BLOOD	RELATIONSHIP	PHONE No.(if any)

PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO
PASTE SELF & FAMILY MEMBERS PHOTOS HERE (PHOTO SHOULD BE ATTESTED BY GAZ.OFFICER)				

(FOR OFFICE USE ONLY)

NAME OF FAMILY MEMBERS	ID CARD NUMBER

SIGNATURE OF RETIRING OFFICIAL

--

(FOR OFFICE USE ONLY)

PPO NO	
---------------	--

ANUBHAV

1.	Name	
2.	Designation	
3.	Ministry	Railways
4.	Service	
5.	Grade Pay/Level	GP. Rs. -Level
6.	Mobile No.	
7.	PAN Number	
8.	e.mail ID	
9.	Office Address	

My Anubhav/Experience in Railways

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank You

Yours faithfully

CHECK LIST

SL No.	Required documents	No.of copies
1	Cancelled cheque leaf (original)	1
2	Bank pass book 1 st page	2
3	PAN card	2
4	Aadhar card	2
5	Spouse Aadhar	2
6	Spouse PAN (if any)	2
7	Umid card (self & family members)	1
8	Ward's Aadhar card	1
9	Employee Photo (passport size)	3
10	Joint photo	1
11	Spouse photo	1
12	Wards photo	1
13	ECHS card of self & spouse (in case of Ex-serviceman)	2
14	PPO copy issued by Army	2
15	Service discharge book (All pages)	1

Note

- Self attested copy of the documents should be submitted.
- Annexure-XIV photos should be attested by Gaz. Officer.
- If joined account, employee name must be followed by spouse name.
- SI No. 13 to 15 only for Ex- serviceman